item of inforshould state of OCCUPA-PHYSICIANS TT RECORD. Every Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDIN THI UNFADING INK-THIS IS A PERMAN TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY,

V. S. No. ż

ST	ATE O	F MAR	YLAND-	CERTIFICATE O	F DEAT	H	0404
1. PLACE OF DEATE	10			(157-0)		1	2104
County Mon	Canno	ny	0	4.0	Registration Dis	t. No. 23	23
Village or City	ikum	the Par		No. Wash Land	- Heap -	St	Ward
				death occurred in a hospital or institution,	V	stead of street and	
Length of residence In city	or town where de	eath occurred	J-yrs O-mos	How long in U.S. if of for	eign birth?	yrsn	nosds.
2. FULL NAME	min	rames	try	aut of laul + (odeth u	hual	a.
(a) Residence: No. 4	1 Word	land U	ve.	St., U Ward.	If nonresident give		1 6
PERSONAL AND	STATISTI			MEDICAL CER			d State
3. SEX 4. COLOR		S. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	mber	' /	193 2
5a. If married, widowed, or divorce HUSBANO of	d	Sin	gre		Month)	(Day)	(Yeer)
HUSBANO of (or) WIFE of	20 -		•	22. I HEREBY C	ERTIFY.	That 1 ettended	deceesed from
	0	1 0	1982	19.	52, to 1	200	19.5.7
6. DATE OF BIRTH (month, day, a	-	ct. 20	, /	I last saw h. 122 alive on	31391	19.2.4	; deeth is seld
7. AGE Years	Months	Oays	If LESS then 1 day,hrs.	to have occurred on the date stated ab The PRINCIPAL CAUSE OF DEATH e	-	-im.	
1 0 T-4			ormin.	were as follows:	A	i importance	Oate of onset
8. Trede, profession, or particle kind of work done, as SAWYER, BOOKKEEPE	SPINNER,			Hydrocephel	as www.	ister	
Industry or business in w work was done, es SIL	hich	115218		mild Sh	mal 12	itala	
SAW MILL, BANK, etc				one Not	grined	Heel -	
10. Date deceased lest worke this occupation (month year)	d at end	spe	ime (years) ntln this upation				
an Direction Company	1akon	ia Park	ma	Other Centributery Causes of importan	ce:	did w	1
12. BIRTHPLACE (city or town) (State or country)		0 0		cal-	1,0001		
13. NAME Pau	(an	wid -					
13. NAME OWN	Y2	mia.	~	Name of operation		Oete of	
(State or country)	1 1	h 2 4	0	What test confirmed diegnosis?		Wes there en	autonsy7
15. MAIOEN NAME &	tith o	Delin	les	23. If deeth was due to external ceusos			
15. MAIOEN NAME 16. BIRTHPLACE (city or town	1906	ma.		Accident, suicide, or homicide?			_
(State or country)	.,			Where did Injury occur?			
17. INFORMANT (Address)	(North		ordo,-	Specify whether injury occurred in IN	Specify city or tow OUSTRY, In HOME,	m, county and Sta or in PUBLIC PI	nte) LACE.
18. BURIAL, CREMATION, OR REM	HOVAL			Manner of injury			
Place Colar /T	el, mi	-Oete	ر بر ₁₉ 3 بر	Nature of Injury			
19. UNOERTAKER A.B.	Heory	من		24. Was disease or Injury In any way re	elated to occupation	n of deceased?	no
nosi	27 -11	RL) 200	(Signed) / aurel	1a, E,	x Class	M. D.
20. FILEO 700 4 1 19;	7	61.0	Registrar.	(Address) 705	(and	last,	Takina
	If more b	lanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Reques	ting U. S. No. 1.		1'aix 116

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	1		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 10	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	r	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	DEC 9 1835	3 days ago
			l'ary and a later of the later	
Other contributory causes of importance:		Other contributory	causes of importance;	
Gallstones	May 1,1923	Gastroenteritis		1 year

Village or City & akcound Vack Length of residence in city or town where death occurred 25 yrs. Length of residence in city or town where death occurred 25 yrs. Length of residence in city or town where death occurred 25 yrs. Month: 2. FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVENEED (write the word) Sall married, widowed for divorced HUSBANO of (or) Wife of David & Bell 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 1 last saw h. 2r alive on a self-wind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SIK MILL, Accuse or for work was done, as SIK MILL, SAW MILL, BANK, etc. 1 10: Date deceased last worked at 111 Total time (years)	ATE OF MARYLAND-	CERTIFICATE OF DEATH
Village or City - account Park Village or City - account Park Length of residence in city or town where death occurred 25 yrs		(mia) 12105
Village or City & akcound Vack Length of residence in city or town where death occurred 25 yrs. Length of residence in city or town where death occurred 25 yrs. Length of residence in city or town where death occurred 25 yrs. Month: 2. FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVENEED (write the word) Sall married, widowed for divorced HUSBANO of (or) Wife of David & Bell 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 1 last saw h. 2r alive on a self-wind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SIK MILL, Accuse or for work was done, as SIK MILL, SAW MILL, BANK, etc. 1 10: Date deceased last worked at 111 Total time (years)		Registration Dist. No. 2-23
Length of residence in city or town where death occurred 25 yrs	corna Park	and assumed assumed
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVERBED (write the word) 5a. If married, widowed or divorced HUSBANO of (or) WIFE of Oaved & Bell 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Abuse wife SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11 Total time (wears)		f death occurred in a hospital or institution, give its NAME instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVERBED (write the word) 5a. If married, widowed or divorced HUSBANO of (or) WIFE of Oaved & Bell 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Abuse wife SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11 Total time (wears)	Greenwood are-	
3. SEX 4. COLOR OR RACE White The private of condition of the proof	(Usual place of abode)	If nonresident give city or town and State
Funal While Narrace (write the foord) 5a. If married, widowed or divorced HUSBANO of (or) WIFE of Oaved & Bell 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Abuse wife SAW MILL, BANK, etc. 10. Date deceased last worked at 11 Total time (years)		MEDICAL CERTIFICATE OF DEATH
5a. If married, widowed or divorced HUSBANO of Cory WIFE of Daved & Bell 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Abuse wife SAW MILL, BANK, etc. 10. Date deceased last worked at 11 Total time (years)	O OR DIVORCED (write the word)	100 101, 193.2
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8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, House wife SAW MILL, BANK, etc. 10. Date deceased last worked at 11 Total time (wars)		OWIE
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10: Date deceased last worked at this eccuration (month and this eccuration	PINNER, etc	Milyal Regunatation years
year) occupation 52	at 11. Total time (years)	Registration Dist. No. 2-23 No. 100 St. Ward St. Ward St. Ward No. 100 St. No. 2-23 Manyord Bell Manyord Be
12. BIRTHPLACE (city or town) Thanken Chester Co - gruegal weakness dut		Jenepal wegkness dur to
	ua Wilson	The state of the s
13. NAME Polluma Molson andered Selevosio 14. BIRTHPLACE (city or town) Perma Name of operation (State or country)	Penna-	Name of operation Date of
What test confirmed diagnosis?	elit one da of	What test confirmed diagnosis? Was there an autopsy?
23. It death was due to external causes (VIOLENCE) fill in a second of the second of t	(A)-	Accident, suicide, or homicide?, Date of injury, 19
(Specify city or town	Bell-	(Specify city or town, county and State)
Place of C. Marrial M. Color 1/1/1 1027		, , , , , , , , , , , , , , , , , , , ,
/	Manutris (00	24. Was disease or injury in any way related to occupation of deceased? 100
20. FILED Nov 1, 19 32 Lo. E. Rogers. (Signed) Dauvilla C 12	32 do. E. Rogers	(Signed) Nauvalla C Niles M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		with a to the	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Address)

20. FILED. 1024 0 .. 19

ACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
ne.	Widowd	(Month) (Day) (Year)
ind	a Benson	22. I HEREBY CERTIFY. That I attanded daceasad from way (6, 192, to vers 192)
lapy /	15-1858	l last saw h_wan_ alive on_ Non 2, 19.2-2-; daath is said
lonths	Days If LESS than	to have occurred on the data stated above, atm.
-	7 1 day,hrs.	were as follows:
INER,	7. 15.	Herry Exhaustion Down May 16
	and of arms	amalon Ridney co forme -
LL,		us mensohni andysin -
w73	11, Total time (years) spent in this occupation	
	1	Other Contributory Causes of Importanca:
ary	Sand	
RI	Benson	
Vir	Bring	Nama of operation
0		What test confirmed diagnosis? Was there an autopsy?
cia	la Willer	23. if daath was due to extarnal causes (VIOLENCE) fill in also tha following:
2/13	Besi a	Accident, suicide, or homicide? Data of injury 19
. /		Whare did injury occur?
has	Murgrove	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
		Name of the Control o
m	Pale 2201 \$ 7,43~	Manner of Injury
-	10	Nature of injury
Y	Borber	24. Was disease or injury in any way ralated to occupation of dacaased?
zer	burg and	If so, spacify
0.	Signer sley	(Signad) Co. 24 Sadings M.D.
	Registrat.	(Addrass) Bresherish much
If more	blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	(18)
County Moule truly	Registration Dist. No. 2/3
Village or City Prophoritor	NoSt., Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Janue D	Sewant Brand
(a) Residence: No. Po Clavelly	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH JW 30
5. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of ()	22/ / ! HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Judge Cley 13 rand	July 28 1028 10 nov 30 10 32
6. DATE OF BIRTH (month, day, and year) March 29-1849	Plast saw Ler alive on 200 35 19.3 2 death is said
7. AGE Years Months Days If LESS than	have occurred on the date stated above, at 2 10 Pm.
83 8 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ohnomic Myo carditis mukemon
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this pecuation (month and	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
P. O. Da	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) 1 - age Co CC (State or country)	al memoria
13. NAME PARATO P STATE	Cham Taphan
E O O O O O O	Oaso I
(State or country)	Name of operation Date of Date of
15. MAIDEN NAME Francis Ellem	What test confirmed diagnosis? Was there an autopsy?
E Olas Ostano	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Charles Lyon (State or country)	Accident, sulcide, or homicide?
m. Ela Brud	(Specify city or town, county and State)
17. INFORMANT / W. LOCK L. ISTANIA (Address) PRO Planelly mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL	Manner of Injury
Piace M Clurch Cery. Date DEC 2, 1932	Nature of injury
19. UNDERTAKER UN Peutre Vimbling	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Pollville Mich	If so, specify
20. FILED 2/1 1932 Mis. W. J. Deall	(Signed) (Signed) A M D
20. FILED Registrar.	(Address) No challe and
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

1. PLACE OF DEATH	(31)
County Monx gomery	Registration Dist. No. 223
Village or City Takoma Park	No. Washing tou San + Hestar Ward feath occurred in a hospitator institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Thomas Clark	
(a) Residence: No. 310 Tulip ave. Johns (Usual place of abode)	MR Parward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed	21. DATE OF DEATH Movember 20, 193 2, (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of OCH WHEE OF Maria B. Carpenker	22. 1 HEREBY CERTIFY, That 1 attended deceased from Ququsk 23, 1932, to November 26, 1932
6. DATE OF BIRTH (month, day, end year) January 5, 1858	Hast sew him alive on Move Mber 20, 1932; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted ebove, at _5 3 a.m.
74 10. 15 ldey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL. Presby Xerian Charc SAW MILL, BANK, etc 10. Deto deceased lest worked et 11. Total time (years)	Chronic Mephrelis year
work was done, es SILK MILL. Presby Xerian Chare SAW MILL, BANK, etc. 10. Deto deceased lest worked et this occupation (month end year) 11. Total time (years) spent in this occupation 48 444.	VVVVVVV COVVVVV
12. BIRTHPLACE (city or town) Markins Ferry (State or country) Ohio	Dther Cautributary Causes of importance:
13. NAME William Clark	
14. BIRTHPLACE (city or town) (State or country) Scotland	Name of operetion Date of Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Margaret Culbertson 16. BIRTHPLACE (city or town) Wheeling (Stete or country) Wheeling	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT Washington Sanitarium Records (Address) Talkowa Park	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Vashington & Goete 1/- 22-, 1952	Manner of injury
19. UNDERTAKER 1901 - Hine 65. (Address) 201 - 14 th 11. W.	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED NOV 20, 19 32 20.6. Rogers	(Signed) M. D. (Address) Vakoma Parke SC

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example_II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		THE STATE OF THE S	
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gostroenteritis	1 year

1 3	CLUE AND THE		
1			
V. S.			

V. S. No. N. B.-

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	12109
county montgomery	Registration Dist. No. 2/0
Village or City Chery chase	No. 5 2 2 1 1 1 S 24 St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign hirth?yrsmosds.
2. FULL NAME Louisy & Cary	Thutall Parkway
(a) Residence: No. 4 6 / 5 (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 26 193 2 (Year)
5a. If married, widowed, or divotced HUSBAND of (or) WIFE of JOSEPH	22. I HEREBY CERTIFY That I attended deceased from 15, 1931, to 26, 1932
6. DATE OF BIRTH (month, day, end year) Jev, 30 /872	Flast saw her alive on nov 24, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a
5 9 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	001
SAWYER, BODKKEEPER, etc.	Carlinoma of left, Museum
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or businoss in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and	Gary & Alguard
10. Date deceased last worked at this occupation (month and vear) spant in this occupation occupation	no further information, awy Th
year)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	To humate on 1 Mi
2011	
11-101-11	Name of operation of the general Dete of Mills 18
(State or country)	What test confirmed diagnosis? a datalony Wes there en autopsy? The
15. MAIDEN NAME TULLIA & reury	23. If deeth was due to external couses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State of country)	Accident, suicide, or homicide? Date of injury, 19
X (State or country)	Whera did Injury occur?
17. INFORMANT (Address) 4 /5 De l'apres Parte	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. DUETAL, CREMATION, TRANSPORT	Manner of injury
Place Was hy, DC Date VV 29, 1932	Nature of injury
19. UNDERTAKER LATUS Wright Co. (Address) 337-131111	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Plov 26, 1932 Beny C. Perry S. Registrar.	(Signed) Collection M.D. (Address) / H / 4 Malafield M.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
DUBBAU V.S.			
Other contributory causes of importancel		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN CORRECTION OF HUSBALD'S AND INFORMANT'S NAME ADE IN ACCORDANCE WITH LETTER FILED 12/15/32 under Dr. Ferguson.-Eureau of Vital Statistics - L.

es - L.

V. S. No. 1

-		STATE OF	- MAR	YLAND-	CERTIFICATE OF DEATH	2114)
1	L PLACE OF D	EATH			93-2	1 M. O
£	County The	oulgamer	7		Registration Dist. No. 2.2	3
4	VITAVINIAGE OF City.	Talona	Park		No. Washington Sam. y Hosp of death occurred in a horpital or institution, give its NAME instead of street and in	Ward
	Length of residence	in city or town whare dea	th occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrsmo	osds.
2	. FULL NAME	miss &	dith	Cofol	and	
2' -	(a) Residence: I	Vo. Hyates	(Usual place	177 dryla	udet, Ward. If nonresident give city or town and	State
	PERSONAL	AND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Sex Jewale 4.	color or race !		RIFD, WIDOWED, (write the word)	21. DATE OF DEATH (Month) (Day)	, 1932 (Year)
5a.	If marriad, widowed, o HUSBANO of	r divorced		U	22 1 HEREBY CERTIFY. That I attended	descend from
	(or) WIFE of				22. Oct 27 1932 to Nov 1	decaasad from
6.	DATE OF BIRTH (mont	h day and year)	who	own	200	; death is said
_	AGE Years	Months	Oays	If LESS than	to have occurred on the data stated above, at 9.50 P.m.	, 40811110 0010
	8500	e unb	noun	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
z	8. Trade, profession,	or particular				Oate of onset
T10		dona, as SPINNER, KKEEPER, etc.	N.		Brancho Pneumonia	oct 26-3:
OCCUPATION	work was don SAW MILL, BA	ess in which e, as SILK MILL, ANK, etc	No	*****	<u></u>	
00	10. Oata deceased las this occupation year)		11. Total ti spen occu	me (years) t I n this pation		~ 0 0 0 0 0 0 0 0 0 0 0
17	BIRTHPLACE (city or	man new a	rlean	2	Other Contributory Causes of importance:	
1 401	(Stata or country)	Ving	inia		myo carditis-chronic	
ER	13. NAME 6	Robert Co	Bland	2	0	
FATHER	14. BIRTHPLACE (city	or town) VA	ig issue	a	Name of operation Date of	
-	(State or coun	try)	8		What test confirmed diagnosis? Examination was there an a	utopsy? 20
HER	15. MAIOEN NAME	Virgin	ia ?		23. If death was due to external causas (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city	,	Orlea	us.	Accident, suicida, or homicide? Date of injury	, 19
2	(Stata or cour	itry) 7/1	equi	a -	Whera did injury occur? (Specify city or town, county and State	
17.	(Address)	appura ta	ark , W	pecardi	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE.
18.	BURIAL, CREMATION,	OR REMOVAL	timore	great -	Manner of injury	
	Place and	myouw	Oate VLOV	19.32	Nature of injury	
19.	UNOERTAKER (Address)	wy W. Junk	eulloh.	allemre or	24. Was disease or injury in any way related to occupation of daceased?	No
20.	FILED NOV 2	1932 7	0.6.9	Cogero,	(Signed) Caua Patterson - Burger (Address) Jakoma Park znd	2011 M. O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		Example 11	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
		KORAMEDEK	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF	MARYL	AND-CI	ERTIFIC	ATE	OF	DEATH
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1	. PLACE OF DEATH	RUS
	county Montgomery goonly	Registration Dist. No. 223
W1	Village or City To KO WAR FACK	No. Washington San. + Hosp st., Ward
	Length of residance in city or town where deeth occurredyrs/m	(If death occurred in a horpital or astitution, give its NAME instead (f street and number) os. 2. 0. ds. How long in U.S. if of foreign birth?
2	FULL NAME MYS Florence & Postini	ett
	(a) Residence: No. Mayy yava (Usual place of abode)	St., Ward. Washington, J.P. If nonresident give sity or town and State
Lawrence of the law of	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	EX 4. COLOR OR RACE 5. SINGLE, MARRIEO, WIOOWED, OR DIVORCED (write the word) Wido we &	21. DATE OF DEATH Nov. 3
5a.	If married, widowad, or divorced HUSBANO of (or) WIFE of JONN. J. COSKINETT	22. I HEREBY CERTIFY. That I ettended deceased from Sept. 11, 19.32, to MOU 3, 19.32.
6.	DATE OF BIRTH (Month, day, and year) Och 14, 1870	I last saw h_ M alive on Mov : 3 19.32; death is seid
7. /	AGE Yaars Months Days If LESS than	to heve occurred on the data stated above, at _8:15 P:_m.
	62 0 20 1 day,hrs	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importence wara as follows:
NOI	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Simile Dimentia Sent
OCCUPATION	9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, atc. Own home	while walking, accidentally traffed & fello.
000	10. Date dacaased last worked et this occupation (month and year)	tarium & Hospital a Certon
12.	BIRTHPLACE (city of town) Washington, D.C. (Stata or country)	Other Contributory Causes of importence: 1932 1932 1932
ER	13. NAME RICHARD WOOD	The state of the s
FATHER	14. BIRTHPLACE (city or town) Washington D.C. (State or country)	Neme of operation 2000 Oate of What test confirmed diegnosis? Clinical Lysuphas there an autopsy? US
ER	15. MAIDEN NAME WARY & R. Walker.	23. If death was dua to externel causes (VIOL ENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) Washington, IT. C - (Steta or country)	Accident, suicide, or homicide?
17.	/ / / / / /	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18.	Place Pasking to ADD Date 101. 5 1930	Manner of injury
19.	UNDERTAKER STORE AT THE STORE OF THE STORE O	24. Wes disease or injury in any way related to occupation of daceased? No
20.	FILEOUOV.3 , 192 Her Logue Registrar.	(Signad) area M. D. (Addrass) Washington San Terrin & Thomasa
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilensy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH HEREBY CERTIFY. That I attended decaased from The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance Date of onset 23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?_____ Data of Injury____ (Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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		ad/Assessing	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	1	35	į	43		

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred. How long in U.S. if of foreign birth?______vrs._____mos.____ds. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (swrite the word) CTL Sa. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from BINDI (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Years Days Months If LESS than to have occurred on the date stated above, at ______m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... NOI RESERVED Jo OCCUPAT Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..... may pluods 10. Date deceased last worked at 11. Total time (years) this occupation (month and that spent in this occupation 45 12. BIRTHPLACE (city or town) MARGIN (State or country) FATHER 13. NAME See plain 14. BIRTHPLACE (city or town) Name of operation... (State or country) carefully What test confirmed diagnosis?_____ Was there an autopsy?____ OTHER 15. MAIDEN NAME important. in 23. If death was due to external causes (VIOLENCE) fill In also the following: DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?______ Date of injury______ 19. (State or country) Where did injury occur?___ hould 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury mation NOLL Nature of injury 24. Was disease or injury in any way related to occupation of deceased?__#\$ 19. UNDERTAKER (Address) If so, specify 20. FILED / 100 9 Registrar.

If nonresident give city or town and State (Day) (Year) Date of onset (Specify city or town, county and State)

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 30 C S V 1	() · · · · · · · · · · · · · · · · · · ·		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at, home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

out the particular kind of work done and return that, as spinner, weaver, etc. Find

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II

The principal cause of death and related causes The principal cause of death and related causes pate of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ano Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
county Mondgomery	Registration Dist. No. 2/2
Village or City O Language	No. St., Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Still born Saley	V) LO
(a) Residence: No. O Pully	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR'OR RACE OR DIVORCED (write the word) Stall Som Superior	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mor sember 1, 1932	I last saw h M Green 200 1,19 8 2 eath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at // a_m,
O O O Ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKETPER, 100	DStill burth 5 mil
9. Industry or business in which work was done as SIJK MIJI	
NOT WE WANTED THE STATE OF THE SAWYER, BOOKKEEPER HE SAWYER AS ONE AS SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	no cause could be
13. NAME Elmen 3.	Lound -
14. BIRTHPLACE (city or town) Montagomery County	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? 24.04
15. MAIDEN NAME atherine Co. Morningstan	23. If death was due to external causes (VIOLENCE) fill In also the following:
2 16. BIRTHPLACE (city or town) And device (State or country)	Accident, suicide, or homicide? Date of injury, 19
(0, (0, ()3	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Lunes) 3. 1	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Chang Date Love 19 32	Nature of injury
19. UNDERTAKER Para Elmer 3. Dill.	24. Was disease or injury in any way related to occupation of deceased? If so, specify Office Offic
20. FILED Nov. 7, 19 32 CS, Barnsley	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar, 2	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and ewn home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	14	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	J		

V. S. No. N. B.

should state

1. PLACE OF DEATH County Montg Registration Dist. No. 3/3	
Village or CityBoydsSt,	Ward
(If death occurred in a horpital or institution, give its NAME instead of street and numl Length of residence in city or town where death occurredyrsmosds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME John Wesley Dorsey	
(a) Residence: No. Boyds St., Ward. (Usual place of abode) St., Ward.	e
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write, the word) Married Married (Month) (Day) (Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Auxist Sorrey 22. I HEREBY CERTIFY, That I attended dece 24. 1932, to Nov. 8.	ased from
8 Trade profession or particular	te of onset
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Shoe Mender	920
13. NAME W11124H Dollary 14. BIRTHPLACE (city or town)	-
What test confirmed diagnosis? Was there an autor 15. MAIDEN NAME Annie Hambleson 23. If death was due to external causes (VIOLENCE) fill in also the following:	sy! Asac
16. BIRTHPLACE (city or town) Md Accident, suicide, or homicide? Date of injury Date of injury Date of injury	, 19
(Address) Royds 18. BURIAL, CREMATION, ORTREWOVAL] e Manner of Injury	
Place - Jerenslehm - Moy	
19. UNDERTAKER & Continue 24. Was disease or injury in eny way related to occupation of deceased? Ye (Address) 19. UNDERTAKER & Continue 24. Was disease or injury in eny way related to occupation of deceased? Ye (Address) 20. FILED For 10 1932 Ms. C. Fillson (Signed) Liplen & House	

If more Blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE STATE OF THE S			
Other contributory causes of importance:	-	Other contributory causes of importance:	*
Gallstones	May 1,1923	Gastroenteritis	1 year
			3

V. S. No. B ż

STATE OF	MARYLAND—CERTIFICATE OF DEATH	1211

1. PLACE OF DEATH		95-8
County Monly	nerd	Registration Dist. No. 2//
Village or City Clarks	burg	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where de		ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME alta la	Enderson Drone	nhurs
(a) Residence: No. Calanks	busy ms. (Usual place of abode)	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov. 29, 193 2. (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of Cor WIFE of Husband A. Dr.	nenburg	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	etober 1853	11 last saw her swood nov. 29 ,1932; deeth is said
7. AGE Yeers Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 132 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ouseurke	Proposed Heart disease non 29,3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Hed sustency
1D. Date deceased last worked at this occupation (month and 1919)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Lyali (State or counter)	stown md.	Other Contributory Causes of importance: Cardin - vasular driane 13 yrs
1 11 11	descon	
13. NAME Ohas. J. Cing 14. BIRTHPLACE (city or town). Clar (State or country)	history,	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 262
15. MAIDEN NAME Mary H	uslau	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 7mos (Stete or country)	ely Vco.	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT MUS. Clif. D. (Address)	zonenburg	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Classes my M.E. Classes	nos.30,1932	Manner of injury
19. UNDERTAKER Clasett (Address) Barresville	Hillon	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 200 36, 19.32 M	Local Registrar.	(Signed) Lenge M. D. Sorger M. D. (Address) Advance and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	DEC 0 Jo25	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	KECEINED	3 days ago
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ż

STATE	OF	MARYI	AND-	-CERTIFI	CATE	OF	DEATH
SIAIL		MAKIL	AIND.	CLIVIII	CALL	U	DEAIR

1. PLACE OF DE	ATH		1.2			15118
County Mont	gomery		(13	9	Registration Dist.	No. 218
	nr. Gaithe:		5 yrs, mos	No. death occurred in a hospital or inc ds. How long in U.S.	stitution, give its NAME inste	St., Ward of street and number)
2. FULL NAME (a) Residence: No	Mary Eliza		of abode)	St.,Ward.	If nonvaidant since	ity or town and State
PERSONAL A	ND STATIST			MEDICAL	CERTIFICATE OF	
3. SEX 4. CO	colored	5. SINGLE, MAR	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	1	1 193.2 (Year)
5a. If married, widowed, or on the HUSBAND of (or) WIFE of	livorced unknown				BY CERTIFY, T	hat I attended deceased from
6. DATE OF BIRTH (month,	day, and year)	July 5,	1875	I iasl saw h1m_ alive on.		
7. AGE Years 57	Months 3	Days 26	If LESS than 1 day,hrs. ormin,	to have occurred on the dete so The PRINCIPAL CAUSE OF DI were as follows:		mportance
8. Trade, profession, o kind of work do SAWYER, BOOKI 9. Industry or busines work was done, SAW MILL, BAN 10. Date deceased less	s In which	omestic I	Home	Acute ne	phritis	OCT 1.
10. Date deceased lest this occupation (yeer)	worked at month and	spe occ	tlma (years) Int in this Upation	Other Contributory Causes of is	mportanca:	
(State or country)						
13. NAME 14. BIRTHPLACE (city o (State or country)				Name of operation Whet test confirmed diagnosis?		Date of
15. MAIDEN NAME 16. BIRTHPLACE (city of (State or country) 17. INFORMANT HOWAI) Unkno	own		23. If death was due lo external Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurre	causes (VIOLENCE) fill in ai	iso the following: f injury, 19,
(Address) 18. BURIAL, CREMATION, O	Gai thersbu		4 , , ₁₉ 32	Manner of injury		
(Address)	W. Barber Baithersbur	rg, Md.		24. Was disease or Injury In any	y way related to occupation o	st deceased? Jara
20. FILED NOV. 1,	, 19 32 Racl	nel Dare	Etchison Registrar.	(Signed) (Address)	199	Maiss

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

RECEIVED 12/6/32

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

BUREAU VS

11.—The number of years the deceased followed the occupation.

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out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 550 3 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	ohritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	THE THE VIEW	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. -WRITE PLAINLY,

MARGIN RESERVED FOR BINDIA

1. PLACE OF DEATH	MARILAND	CERTIFICATE OF DEATH
County Mont Co -	ned	Registration Dist, No. 217
Village or City Alney		**
		f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death	occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Thomas	s Junior 5	Taul -
(a) Residence: No.		St.,Ward.
PERSONAL AND STATISTICA	(Usual place of abode)	If nonresident give city or lown and State
	SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
m. Cal-	OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That I attended decaased from
(OI) WIFE OF	7.1	nov 19 1932 nov 24 193
6. DATE OF BIRTH (month, day, and year)	124-1937	I last saw half alive on not 22 1992 death is sa
7. AGE Years Months	Days IFLESS than	to have occurred on the date stated above, at 100 Pm.
0 9	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importence ware as follows:
8. Trade, profession, or particular kind of work done, es SPINNER.	100	Data ol one
SAWYER, BOOKKEEPER, etc.		Status of impletelicus room
Mindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	one	
10. Data deceasad last worked at	II. Total time (yeers)	-
this occupation (month and year)	spent in this occupation	
12. BIRTHPLACE (city or town) alnes	mil	Other Contributory Causes of Importance:
(Stata or country) Mostly	Theil Hop	Convulsial Seizures 1002
13. NAME Thomas &	ant-1	
13. NAME Thomas 4. 14. BIRTHPLACE (city or town) Front	Pa 2 1 -	Name of operation Thomas Data of
(State or country)	0 100	What test confirmed diagnosis? MA 10 Was there an eutopsy?
15. MAIDEN NAME MARKET	L Gelby.	23. If death was due to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME TO THE STATE OF	LPa Zul	Accident, sulcide, or homicide? Dete of injury, 19
(Stata or country)	00 /109	Where did injury occur?
17. INFORMANT DISTANCE &	ant	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) alnes	mg -	
18. BURIAL, CREMATION, OR REMOVAL	non 21 3.	Manner of injury
Piaca / Mary D	ate 100 26, 1932	Nature of injury
19. UNDERTAKER May (Address)	woelle ma	24. Was diseasa or Injury in any way related to occupation of deceased?
20. FILED Nov- 25, 1932 08	Barnsley Registrar.	(Signed) Chases ymplison M.
76 111		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVI AND

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEC 6 1932	t .		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Gallstones	May 1,1923	Gastroenteritis	1 year

T RECORD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS stated EXACTLY. properly classified. TH UNFADING INK-THIS IS A PERMANE. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. WRITE PLAINLY,

V. S. No N. B. should state

	S'		F MARY	/LAND-	CERTIFICATE OF DEATH	2122
		ontgomery			Registration Dist. No. 2	14
	Village or City Lan	gley Park	Silver			Ward
				(11	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	
	2. FULL NAME					vs
	(a) Residence: No.				St., Ward. If nonresident give city or town and	State
42.0	PERSONAL AN	D STATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.		R OR RACE	s. SINGLE, MARR OR DIVORCED Widow	(write the word)	21. DATE OF DEATH November 20. (Month) (Day)	, 193 2 .
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of Fred	erick E Mo	Cormick-	Goodhart.	22. I HEREBY CERTIFY, That I attended Nov 1	deceesed from
	DATE OF BIRTH (month, de)	Ar	ril 22,		I last saw h. En alive on 100 20 1937	death is seid
	AGE Yeers	Months	Days	If LESS then	to heve occurred on the dete sleted above, a 2: 12. A.m.	, death is seld
	75	6	29	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
Z	8. Trade, profession, or pa kind of work done,	8. Trade, profession, or particular			Corowary Scheroles	Date of onset
OCCUPATION	SAWYER, BOOKKEE		Hetired		with general oflines shoons	Kvul;
UP	work wes done, es S SAW MILL, BANK, e	SILK MILL.			and Chronic my ocardilis)	
000	10. Dete decessed lest worked at this occupetion (month and yeer)			t in this		-
t2.	BIRTHPLACE (city or town) (State or country)	Rockbri	dge Co.	irginia	Other Contributory Causes of importance:	
ER.	13. NAME Leander	James Mc(migua persons	6 hus
FATHI	14. BIRTHPLACE (city or to (Stete or country)	wn) Hockbri	idge, Co.	rginia	Name of operation Date of Whet lest confirmed diagnosis? Wes there en	- 4
ER	15. MAIDEN NAME H	enreitta 1			23. If deeth was due to externel causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or to (Stele or country)		idge, Co.		Accident, suicide, or homicide? Date of injury	, 19
17.	INFORMANT Frede		cormick-	Goodhart	(Specify city or town, county and States Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	e) ACE.
18.	BURIAL, CREMATION, OR R				Manner of injury	
	Place Hock Cr	eek /	Dale NOY	23,, 19.32	Neture of Injury	
19.	UNDERTAKER Mart	in W. Hysc	ing co.	ngton, D.	24. Was disease or injury in any wey related to occupetion of deceased?	no
20.	FILED YLOVE 21,	4	sued of	ens &	(Signed) Charles C Marker	y M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1 Weather glass

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Other contributory causes of importance:		Other contributory causes of importance;	
Gallstones	May 1,1923	Gastroenteritis	1 year
	السيسال		

7-1

If more blanks are needed, address

	Pagistration Diet No. 7.14	
	No. 19 Quines St.	Ward
(lf c	death occurred in a hospital or institution, give it IVAME instead of street and i	
mos	11 1 . 01 11. 1	osds.
gabe	the mustin Follieb	
cu	St., Ward.	0.
ARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	Diate
IDOWED.	21. DATE OF DEATH	
the word)	Nov. 8	, 193 2
ea	(Month) (Day)	(Year)
Vink	22. I HEREBY CERTIFY, That I attended	
206	Veft 12 1934, to Nov. 8.	, 1932
16		_; death Is said
LESS than	to have occurred on the date stated above, at	
min.	were as follows	Date of enset
	De la Vella	
e	Je faireir	
	Via shall do Co	770
ırs)	100000714	4 Kay
S		6
hia	Dther Contributory Causes of Importance:	70
	aremoney bento with	
in		
		Ly. 23.7.
	What test confirmed diagnosis? Was there an	
Mas	23. If death was due to external causes (YIOLENCE) fill in also the following	g:
	Accident, suicide, or homicide? Date of injury	
	Where did injury occur?	
lies	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
1.		
7.7	Manner of injury	
19.32	Nature of injury	
our	24. Was disease or injury in any way related to occupation of deceased?	No
1400	If so, specify	
HAN.	(Signed) Tuy until	M. D.
Registrar.	(Address)	
tate Registrar,	2411 N. Charles Street, Baltimore, Requesting Q. S. No. 1.	01

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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

Every item of infor-CIANS should state

Exact statement

stated EXACTLY.

WITH UNFADING INK-THIS IS A PERMANENT RECORD.

AGE should be that it may be

mation should be carefully supplied. .. CAUSE OF DEATH in plain terms, so

WRITE PLAINLY,

FOR BINDIN

MARGIN RESERVED

of OCCUPA-

1. PLACE OF DEATH					<u></u>	
County	Moulgo	mer	y		Registration Dist. No. 22	3.
Village or City Takoma Park. Nd.					No. 114 Philadelphia Ave. St.	Ward
length of	(If d				death occurred in a horpital or institution, give its NAME instead of street and numl ds. How long in U.S. If of foreign birth?mrsmos	
				~	100 100 100 100 100 100 100 100 100 100	
	IAME Ethel				a wat Holoma David 113	
(a) Resid	(a) Residence: No. 114 Philadelphia Ave., (Usualplace of abode)				If nonresident give city or town and Stat	e
PERSO	PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE		NGLE, MARRI	ED, WIDOWED.	21. DATE OF DEATH	2
Female	White	1	Marrie		(Month) (Day)	(Year)
5a. If married, with BOSBAND &	dowed, or divorced				22. HEREBY CERTIFY, That I attended deco	asend from
(or) WIFE of	Ralph E	. Gou	ld		april 12 130 day 5	1932
6. DATE OF BIRT	FH (month, day, end year)	Sent.	2nd	.1888	(600 1)	eath is sald
	Years Month		Days	If LESS than	to have occurred on the date stated above, at 424 m.	
	44 2		3	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related gauses of importance were as follows	
8. Trade, pr	ofession, or particular				Enclose asches following	ate of onset
	kind of work done, as SPINNER, Housewife				insection of them to	925
9. Industry	9. Industry or business in which work was done, as SILK MILL.				(Thumb)	
SAW	SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation occupation			e (veere)	Chronic Bright's disease, cardiourenal	
				in this	type: about 4 years Cive B.	
					Other Contributory Causes of importance:	462
12. BIRTHPLACE (State or o	(city or town)	aine			Curing vicey we at a	700
		ang.			and true as ourceas	
E		alle.			Name of operation 200 Date of	
Y 14. BIRTHPL	ACE (city or town) e or country) N •	J.		***************************************	What test confirmed diagnosis?	la
E 15. MAIOEN	NAME Helen	_			23. If death was due to external causes (VIOLENCE) fill in also the following:	JSY (== Q==
15. MAIOEN 16. BIRTHPL					Accident, suicide, or homicide? Date of injury	. 19
State	ACE (city or town)e or country) Ma	ine			Where did injury occur?	,
17. INFORMANT		1.3			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
(Address)		adelr	ohia.A	ve.		
18. BURIAL, CREM	MATION, OR REMOVAL	RREMOVAL Pakoma Park, Md			Manner of injury	
Place	Place Fart London Date Lod 7,195>			, 19->	Nature of injury	
19. UNDERTAKER	The De	H. Hi		lo.	24. Wes disease or Injury In eng. way related to occupation of deceased?	> .
(Address)		C+	NT		If so, specify	Cus
20. FILED NO	56 :33	2	2.0	Pracha	(Signed) MINISTER CONTRACTOR	-10M. D
ZU, FILED J. LOS.	4(d, 19Q			Registrar.	(Address) / 8 40 CST pd 44 Joen	DC

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STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(97)
County Dangonery	Registration Dist. No. 2/6
Village or City Politimac (iii	No. Conduct (Noted St., Ward St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	How long in U.S. 11 of foreign birth?yrsmosds
(a) Residence: No. Conduit Road	st, Ward Potomacs Ind
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4 GOLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Ault OR DI TORCED (write the word)	(Month) (Day) (Year)
5a. 11 married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased Iron
6. DATE OF BIRTH (month, day, and yeer)	, 10.2.
7. AGE Years Months Days If LESS than	I last saw h aliwe on 19.3.2; death is sai to have occurred on the date stated above, et 3.30 Am.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	wera as follows: Date of onset
Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Thought work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased lest worked at This congration (month and	
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc.	
10. Date dacesed lest worked at this occupation (month and year)	
200	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / Cury and (State or country)	action sell
	arterio sclerosis
13. NAME Washer Hill 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date ol
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Unburyou	23. Il death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Mrs Stark Marsden (Address) Potomac ma (doubte	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner ol injury
Place Tolomae, Md Data 10013, 1932	Nature of injury
19. UNDERTAKER WM. Peuben Tumphury (Address) PO & B. Wills mod	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Nov 14 19 32 Benj C Perry In D	(Signed) Benjamin C Cerry M. C (Address) Delhes da And
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy S'A OVERS	1 week ago
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis (86) 6 936	3 days ago
		CS ALEES !	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. S. S.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

of OCCUPA-

m ż

	STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH
1	. PLACE OF DEATH			(8)
	County Assorty orner	40 1		Registration Dist. No. 223.
W1	Village or City Jakoma	bank		No. rach dant Noop - St., Ward
				death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residanca in city or town, whera da	eth occurred	g_yrsmos	I of alin + Helen Haleauch
-	2. FULL NAME	the of	has the	cash we have 18
	(a) Residence: No. 10 20	(Usual place	of shade)	Ward. If nonresident give city or town and State
	PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH
	mare mule	OR DIVORCE	D (rwrite tha word)	(Month) (Qay) (Year)
5a.	If married, widowed, or divorced		1	(Month) (Oay) (Year)
	HUSBAND of (or) WIFE of		1	22. HEREBY CERTIFY, That I ettended deceased from
6.	DATE OF BIRTH (month, day, end year)	od. 9"	. 32	I last saw h line alive on alive Nov Pop., 1932; death is said
7.	AGE Years Months	Oays	if LESS than	to have occurred on the date stated above, at 6.135 m.
2	tellorn		orhrs.	The PRINCIPAL CAUSE OF DEATH and raiatad causas of importanca wara as follows:
z	8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc			Date of onest
T10	SAWYER, BOOKKEEPER, atc.			Sprias / Lifiold alformed
UPA	N. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	wul		fre-V
OCCUPATION	10. Oate daceasad last worked at	II. Total t	ime (years)	I
_	this occupation (month and year)	spa occu	nt in this upation	
12	BIRTHPLACE (city or town) Many	land	-	Other Contributary Causes of importence:
	(State or country)	/		bur working & much
ER	13. NAME alven Itale	quite.		worked /
FATHER	14. BIRTHPLACE (city or town)	kause	es	Name of operation Oate of Oate of
H	(Stata or country)	//		What tast confirmed diagnosis? Was there an autopsy?
LER	15. MAIDEN NAME Helen	Hargi	5	23. if daeth wes due to external causes (VIOL ENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town)	grue		Accidant, suicida, or homicida?Oate of injury, I9
Σ	(Stata or country)	1	4	Where did injury occur? (Specify city or town, county and State)
17.	INFORMANT RECORDS (Addrass)	Sant	anu -	Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18	BURIAL, CREMATION, OR REMOVAL	7 41	V	Mannar of injury :
	Place Washington, D.	Data LINV	,10 ,1932	Natura of injury
19	UNDERTAKER & St. Stine	eg lo.		24. Was disease or injury in eny way related to occupation of deceased?
	(Address) 2901- 14 x	4 - 214	10	If so, spacify
20	FILED MOS 10, 1932	26.6.	Registrar.	(Signed) A Carroll ave Jake dark

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

2 / 4
Registration Dist. No. 2/2
ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
Hoye
St., Ward.
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
(Month) (Day) (Year)
1 HEREBY CERTLFY, That I attended dacased from 19. 2. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
ware as follows:
Dthar Contributory Causes of importance;
Name of operation Date of
What tast confirmed diagnosis?
23. If daath was due to axtarnal causes (VIOLENCE) fill In also the following:
Accident, suicide, or homicida? Date of injury, 19
Whera did injury occur?(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of Injury
24. Was disease or injury in any way related to occupation of deceased?
(Signed) M. D. (Address) M. D.

V. S. No. 1

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mation TION

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-WRITE

B

18. BURIAL, CREMATION, OR REMOVAL

19. UNOERTAKER

(Address)

MARGIN RESERVED FOR BINDIN

Registrar.

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Example H

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

STATE OF	MARY	AND-CE	RTIFICATE	OF	DEATH
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1	60	1	67	6
3	2	7	2	1

	1442
County Montgomery Com	Registration Dist. No. 2
Village or City Ctoffison 2	No. St. Wa
Length of rasidence In city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2.1.00	mos
2. FULL NAME William A	kson
(a) Residence: No. (Usual place of abo	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SANGLE, MARRIED, OR DIVORCED (win	
ia. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of maggie Lash	22. I HEREBY CERTIFY, Thet I attended daceasad from 24, 1932, to 2007 25, 193
5. DATE OF BIRTH (month, day, and year) Tel- 14,	2 I last saw ham eliva on Jaw 24 , 19.32; deeth is si
AGE Yeers Months Days I	than to have occurred on the date stated above, at _/
60 9 11 or.	hrs. The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:
8. Treda, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	August Prelimin Data of one
Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Dete deceased last worked et this occupation (month and year) - 19.3 - 10.0	δ
	Other Contributory Causes of Importance:
(Stata or country)	Commany alebras Televose 3 4.
13. NAME andrew Jack	
14. BIRTHPLACE (city or town) - Drangland	Name of operation
(State or country)	What tast confirmed diagnosis? Pleyereal Sylving there an autopsy?
15. MAIDEN NAME Mary Longs	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Date of injury 19
(State or country)	Where did injury occur?
7. INFORMANT Live g. g. in a les	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Placa Etalison and Date 1 2	Natura of injury
9. UNDERTAKER Ray M. Barling (Addiess) Latter Agency 2	24. Was disease or injury in any way releted to occupation of deceased?
0, FILED June 27 , 1932 V TX 2700	(Signed) It Dyson, M.

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Cerebral hemorrhage 7.3.	July 5,1927	Peritonitis	3 days ago
18000			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Address) _____

Registrar.

who had no o

of importance

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1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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infor- state UPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	T40
orld OCC	County Mmlgon	Registration Dist. No. / 2//
F.E.	Village or City Celsey.	No mlguy les des / tst. of Ward
- N - 1	Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) LS 'ds. How long in U.S. if of foreign birth?
Every CIANS ement	CD' 0 1.1.	
	2. FULL NAME CILLER U. King	
RD.	(a) Residence: No. Dackbooker (Usual place of Abode)	St. Ward. If nonresident give city or town and State
RECORD. Every. PHYSICIAN Exact statement	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECO . PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	OR DIVORCED (write the word)	1/ - 24/ ,193 2
ied T	5a. If married, widowed, or divorced	(Month) (Day) (Year)
NDIN RMANEL X A C T I classified.	(or) WIFE of Palace H	22. I HEREBY CERTIFY, That I attended deceased from
	0.00	11/2/1932, to 11/24/1932
IS A PE stated E properly certificate.	7. AGE Years Months Days If LESS than	I last saw h; death is sald
FOR B IS A PE stated E properly ertificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et. Co A m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
IS IS sta	2 Trade explanion as activities	were es follows:
of of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	-32-20 Partie
I =	9 Industry or husiness in which	Junia depularmia 11/6/3
NK—T Should it may n back	SAW MILL, BANK, etc.	
KE I VG I AGE that	year)	Other Contributory Causes of importance:
NFADING NFADING pplied. AGF erms, so that instructions	12. BIRTHPLACE (city or town) - 2 3 - 4	Inempolet abolisi
FAJ ied.	(State or country)	10/24
	II 13. NAME Colas Newman.	2
	14. BIRTHPLACE (city or town)	Name of operation levelloge Date of 1/15/3
	(clast of county)	What test confirmed diagnosis? Was there an autopsy?
PLAINLY, CTI hould be carefully OF DEATH in play very important.	15. MAIDEN NAME Sees telegett	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
CX,	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
PLAINLY ould be con F DEATH		Where did injury occur? (Specify city or town, county and State)
LA uld	17. INFORMANT Steer Control of the C	Specify whether Injury occurred in INDÚSTRY, In HOME, or in PUBLIC PLACE.
E PLA should OF D	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
TTE SE SE I is	Place Mt Fin Comely Date Nov 2 6 1932	Nature of Injury
-WRITE PLAINLY, mation should be cai CAUSE OF DEATH TION is very import	Ray W. B. J.	h
TESE	19. UNDERTAKER AND Sarting (Address)	24. Was disease or Injury In any way related to occupetion of deceased?
e e	James 21 - 22 C & Quenter	(Signed) M. D.
z	20. FILED TWO de 1936 C. S. Gambley Registrar.	(Address) Sauly Sto 703
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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1 . 1 2 1	STATE OF MARYLAND-	-CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	12132
ould of 1	County Montgomers	Registration Dist. No. 2/6
9.8	Village or City Chase Md.	No. St., Ward
1 = 0		If death occurred in a hospital or institution, give its NAME instead of street and number)
	(N)	sds. How long in U.S. if of foraign birth?yrsmosds.
	2. FULL NAME LICILE JENNIE LETT	lino
	(a) Residence: No. # 8 Llower Church (Usual piace of abode)	Marist, Mod Ward. If nonresident give city or town and State
PECO PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
F P	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
ACTL assifted.	5a. If married, widowed, or divorced HUSBAND of	
MA) A (A assi	(or) WIFE of Olives Lettlem	22. HEREBY CERTIFY, That I attended decaased from
BINDIN PERMANEN EXACTI ly classified.	6. DATE OF BIRTH (month, day, and/year) 147 28, 1853	I last saw h. Oh. alive on 11 20 ,19.3.2; death is said
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at Sm.
FOR IS A P stated properly certifica	79 1 2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raiated causes of importanca were as follows:
70	8. Trada, profassion, or particular kind of work done, as SPINNER,	artino Denal Cardio 4+32
VE d b d b d b d b d b d b	9. Industry or business in which	duesa
SERVI NK-T should it may n back	work was dona, as SILK MILL, SAW MILL, BANK, atc	
S I M t o	- I curs occupation (month and Shallf III fills	
ARGIN RES NFADING II pplied. AGE erms, so that instructions o	1	Other Coatributory Casses of importance:
[ARGIN R. UNFADING upplied. AG terms, so the instructions	12. BIRTHPLACE (city or town) (Stata or country)	"Heart & Resperatory Jarlino 116-3.
MARGIN UNFADI supplied. n terms, so	13. NAME Jenkins Davis	
2 P # 4 °	13. NAME Jukins Davis 14. BIRTHPLACE (city or (swn))	Nama of operation Date of
	(State or country)	What tast confirmed diagnosis?
X, WITH carefully su	15. MAIDEN NAME UNknown	23. If daath was dua to external causas (VIOLENCE) fill in also the following:
INLY, WI be careful EATH in p	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide? Date of injury, 19
PLAINLY, thould be car OF DEATH very import	Colate of county)	Where did injury occur? (Specify city or town, county and State)
PLA hould OF Dy very	17. INFORMANT A LAND	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
WRITE ation sl AUSE TON is	Piace Cedas Truly Data NOV- 2-2-, 1932	Nature of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER W. W. Shamburo Co.	24. Was disaasa or injury in any way ralated to occupation of dacaasad?
No.	(Addrass) Hoo Chapir St. N.W.	if so, specify
× × ×	20. FILED MOT 21, 1932 Benj C Parry Register.	(Signad) Julian M. D. (Address) 1.3 A. J. R. L. Ches N. W. D.
calm o		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	CA	

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL S	PACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE (OF MARYLAND—	CERTIFICATE OF DEATH	12133
Village or City Travia	al and	No. Registration Dist. No. S S Geath occurred in a hospital or institution, give its NAME instead of stree	StWard
2. FULL NAME Onnic (a) Residence: No. Scario	margaret	St., Ward. Ward. If nonresident give city or too	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEA	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH TOOL / G	P
Temala white	marriad	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Communication	pm. 14, 1877 Days If LESS than	1 last saw h Active on 16 to have occurred on the date stated above, at	thinded deceased from 1972, 1972
55 10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	e \
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housewife	acule mysea	11/16/3
10. Date deceased last worked et this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	land	Other Contributory Causes of importance:	
E 13. NAME	Q.0+		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	mia	Name of operation	
15. MAIDEN NAME	- Battin	23. If death was due to external causes (VIOL ENCE) fill in also the fo	_
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	eland Elive	Accident, suicide, or homicide? Date of Injury_ Where did Injury occur? (Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	nd State)
18. BURIAL, GREMATION, OR REMOVAL	Date 19 152	Manner of injury	

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balting

(Address)

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Example I

Gallstones

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deecased last worked at the occupation.

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Example II

1 year

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Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

May 1,1923

FOR BINDIN

MARGIN RESERVED

should state of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE OF DEATH	(45)
	County Montgornery	Registration Dist. No. 2/6
	Village Dr City VI Co Knewy & Evan	
	Length of residence in city or Town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of toreign birth?
	111111111111111111111111111111111111111	and Miller
	2. FULL NAME VVOXY / O d	I St Lew Ward
	(a) Residence: Np. QQ/Q Qualiplace of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write Mis WOTD)	21. DATE OF DEATH November (Month) (Day) (Yaar)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from 0ct/6 1932, to 200 // 1932
e.	6. DATE OF BIRTH (month, day, and year) Trune 13/876	I last saw h alive on _ Zvov 6, 1932; death is said
icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 2m.
certificate	62 34 28 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER,	addio carcinoma
t of	SAWYER, BDDKKEEPER, etc.	of throat theyword Oct 16
back	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	land tack!
on	10. Date deceased last worked at this occupation (month and spant in this	merasiases mumerany
	year) occupation	Dither Contributory Causes of Importance:
instructions	12. BIRTHPLACE (city or town).	Toxic thiswill with
ruc	(State or country)	musocarelifis
inst	13. NAME Tromas, 10 and	I I the of lev
See	14. BIRTHPLACE (city or town)	Nama of operation. Oliagnosis Data of Oct 21.
	(State of Country)	What test confirmed diagnosis? Tissue sect. Was there an autopsy? 200
ant	15. MAIDEN NAME Hannah 6. / Jane	23. If death was dua to axtaroal causes (VIDL ENCE) fill in also tha following:
ort	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
very important,	17. INFORMANT ONSTRUIC Reparables (Address) (SH) Ex Thrung 221	Where did injury occur?
	18. BURIAL, CREMATION, DR REMOVAL Remoral	Manner of injury
Z 18	Placa Max 20 Date Date 12, 19 43	Nature of injury
TION	19. UNDERTAKER The Co (Address) 337 - 10 87 200	24. Was disease er injury in any way related to occupation of deceased?
	20. FILED Nov 11, 1932 Benj C. Perry Registra.	(Signed) Mcland W William M. D. (Address) 408 ESTAW

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ļį.	Example II	
Date of onset	The principal cause of death and related eauses of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921	Date of onset The principal cause of death and related eauses of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<i>®</i> 12135
County troulgomery	Registration Dist. No. 2/7
Village or City Dandy Sprange	No. St., Ward
Length of rasidence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ital born Balu	More
(a) Residence: No. 3 and Spring (St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5e. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from 1/ / /
6. DATE OF BIRTH (month, day, and yaer) hovember 4, 1932	I last saw h liveton ne drod, /// 1937; death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred an the date steted abova, at . 3
Ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance wara as follows: Date of onset
8. Trada, Vroiseinn or particular kind of work done, as SPINKER SAWYER, BDDKKEEPER, et d. 1.	
SAWYER, BDDKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and the same this poculation (month and the same this poculation (month and the same this because the same this poculation (month and the same this below the same this poculation (month and the same this poculation (month and the same this poculation (month and the same this poculation).	Jumolius i
SAW MILL, BANK, atc	
O 10. Date decaased last worked at this occupation (month and year) this occupation.	
0-1181	Other Contributory Canses of importanca:
12. BIRTHPLACE (city or town) Dan au Source (State or country)	
II 13. NAME Williams more	
14. BIRTHPLACE (city or town) U trainia	Name of operation
(State of country)	What tast confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Trene Blackburn	23. If death was due to external causas (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town) Durania	Accident, suicide, or homicide? Date of injury, 19
State or country)	Whera did injury occur?
17. INFORMANT W Man Moore (Addrass) Sandy Spring	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Date Date 1932	Nature of injury
19. UNDERTAKER Futter N celear Mons. (Address) Sand Start	24. Was diseasa or Injury In any way ralated to occupation of deceased?
20. FILED Non 5, 1932 CS Blarusley Resistrar.	(Signad) M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 G & 4-4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			- 15 mm

should state of OCCUPA. PHYSICIANS Exact statement r RECORD, Every stated EXACTLY. properly classified. IS A PERMANE FOR BINDIN certificate. TH UNFADING INK-THIS MARGIN RESERVED AGE should be See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. B.-WRITE PLAINLY, V. S. No. 1

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1 DIACE OF	STATE C	F MARYLAND—	CERTIFICATE OF DEATH	12130
1. PLACE OF DEATH			(93-0)	
County Mondamus			Registration Dist. No.	/-3
Length of resi	dence in city or town where o	1 - 1 -	No. St., f death occurred in a hospital or institution, give its NAME instead of street and s. ds. How long in U.S. if of foreign birth? yrs. n	number)
(a) Residen	270	# 2 Amille Ma (Usual place of abode)	St., Ward. If nonresident give city or town an	l State
PERSON	IAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			21. DATE OF DEATH (Month) (Day)	, 193 2
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of			22. HEREBY CERTIFY. That I attended	
. DATE OF BIRTH (month, day, end year)	Days 18 71	I last saw have alive on Moreover 13, 1932 to have occurred on the date stated above, at 4 Q. m.	
6	1 8	1 day,hrs.		Date of onset
3. Industry or I work was SAW MIL	ssion, or perticular vork done, as SPINNER, BOOKKEEPER, etc. 4 business in which s done, as SILK MILL, L, BANK, etc. 4 pation (month and	11. Total time (years) spent in this occupation	Contest Descartation of one year.	
(State or coun		en. Doland	Other Contributory Causes of Importance:	
14. BIRTHPLACE	(city or town). Was country) Rhode	ecen,	Name ol operation Date of Was there an	autonou?
15. MAIOEN NAME Jannal Monkes 16. BIRTHPLACE (city or town) Warren, (State or country) Rhode Soland 17. INFORMANT T. Smith (Address) 8 115 Flower ave., Silver Spring Ma		ren, Soland	23. if death was due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide?	g: , 19
8. BURIAL, CREMAT	ION, OR REMOVAL	4 Date News 20 1932	Manner of injury	
9. UNDERTAKER _ (Address)	Ronburilla	Lumphrey,	24. Was disease or injury in any way related to occupation of deceased?	120
0. FILED	18,1932 2	us. W.J. hall	(Signed)	m.

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Chronic interstitial nephritis	1921	Run over by street car.	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		DEC 3 1635	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MOTHER 15. MAIDEN NAME

17. INFORMANT.

important.

very OF

in

DEATH

CAUSE

16. BIRTHPLACE (city or town (State or country)

(Address) 18. BURIAL, CREMATION, OR REMDVAL

19. UNDERTAKER

12600 Date 2014 21/ 1932

What test confirmed diagnosis?_____ Was there an autopsy?____

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?______ Date of injury______ 19

Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Mannar of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Address) _.

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RESERVED

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11		Example 11	
Date of onset	The principal cause of of importance were as f	death and related causes ollows:	Date of onset
1915	Attack of epilepsy	a · Lownson	1 week ago
1921	Run over by street car		1 week ago
July 5,1927	Peritonitis	2651 9-330	3 days ago
	Other contributory caus	es of importance:	
May 1,1923	Gastroenteritis		1 year
	1915 1921 July 5,1927	Date of onset The principal cause of of importance were as f 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory cause	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		
County Mouth	ulsy	Registration Dist. No. 214
Village or City	I Bring	No. Maplewood Saintagest Ward
Length of residence in city or town when	e death occurred yrs, 22/2 mos	death occurred in a heipital or institution, give its NAME instead of street and number)
2	10 13 7	Os. How long in 0.3. It of foreign birth?yrsmosds
2. FULL NAME Tred	exict 10. Moet	7, 1: 5 5
(a) Residence: No. 1116 — c	(Usual place of abode)	St., Ward. Ward. If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male while	OR DIVORCED (write the word)	2100mles 21 1932
5a. If married, widowed, or divorced HUSBAND of		(Month) (Day) (Year)
(or) WIFE of Charle	nnaco	22. HEREBY CERTIFY, That I attended deceased from
1000	3=+ 17-15-2	ALPI. 30 ,1932,10 1000, 1932
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yaars Months	oct-10-1883	I last saw h alive on How 1932; death is sai
7. AGE Yaars Months	Deys If LESS than 1 dey,hrs.	to have occurred on the data stated ebove, at
481	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
8. Trade, profession, or perticular kind of work dona, as SPINNER.	Ala-A	A A A A
SAWYER, BOOKKEEPER, etc	and the same of th	Allebra Trunachage how 19
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at	is war tools.	
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	
year)	occupation	
12. BIRTHPLACE (city or town)	home	Dther Contributory Causes of importance:
(Stata or country)	Va	Coprantend
13. NAME Frank	w. noel	
13. NAME Frank 14. BIRTHPLACE (city or town). Rich	homono	Name of oparation.
(State of country)	Val	What test confirmed diagnosis? Planical Was there en autopsy?
15. MAIDEN NAME 6 Lise 16. BIRTHPLACE (city or town) Pre	Ragland.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	honoral	Accidant, suicide, or homicida? Date of Injury
(State or country)	Ng.	Where did injury occur?
17. INFORMANT may	no	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
(Addrass) / 3 / 2 - 12 to	a the new	
18. BURIAL, CREMATION, OR REMOVAL	11 5	Manner of Injury
Place Uash, D	Date 11-21,1932	Natura of injury
19. UNDERTAKER In artin	U. Aysong G	24. Was disease or injury in any way related to occupation of deceasad?
(Addrassy 300 - n. St	7.4 Wash by	If so, specify A A
20. FILED 11-21 1932 2	L Dudley	(Signad) Michael D. Meitadeane M.
	Registrar.	(Addrass) 2012 - A. St

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

WITH UNFADING INK-THIS IS A PERMANENT RECORD. EVERY

FOR BINDIN

MARGIN RESERVED

Exact statement of OCCUPA-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance Gastroenteritis	1 year	
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN		

1	Or-	ate	·V		
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	o u	pIno	000		
1	iten	sh	Jo		
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	PL	houl	OF	ver	
T	E	n s	SE	13	
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
No. 1		H	0	T	
Si.	Y. H				
lane.	1				

	-CERTIFICATE OF DEATH 12139
L PLACE OF DEATH	23
County Montgonores	Registration Dist. No. 216
Village or City Bathanda, and	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsi	nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles GOO. H	
(a) Residence: No. Bathanda and.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH JOUR 28- 102
male Black married	(Month) (Day) (Yeer)
If merried, widowed, or divorced HUSBAND of (or) WHELOT Claim S. Opport	22.0 1 HEREBY CERTIFY. That Lattended deceased from 20 - 1937, to 8 8 2 2 5 1937
DATE OF BIRTH (month, day, and year) Make 2 , 1902	I last saw harring alive on 21 00, 26, 193 %; death is seid
AGE Yeers Months Deys If LESS then	The state of the s
30 36 26 1day,h	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Broucho finermona 10-20-
9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.	•
10. Dete deceased last worked at this occupation (month and spent in this occupation ————————————————————————————————————	
BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(Stete or country) Maruland	tishor of loss of
13. NAME Charles affect	
14. BIRTHPLACE (city or town)	Neme of operation
(State or country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Sarah Livelliama	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State of country)	Where did injury occur? (Specify city or town, county and State)
(Address) Bathanda mad	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Place near Por Durillo Date Dec. 1 22, 193	Manner of Injury
(Address) Rockwills, Marylan	24. Wes diseese or injury in any way releted to occupetion of deceesed?
FILED NOT 29, 1932 Bery C. Penty	(Signed) M. D. (Address) A.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE C	OF DEATH)	LAND		1214	0
County	mont	1			Registration Dist. No. 2/2	
Village or		bu			on, give its NAME instead of street and nus	
Length of re	esidence in city or town whare	death occurred	wysmos	Os. How long in U.S. If of t	foreign birth?yrsmos.	d:
2. FULL N	AME SUU	burt	4 6	Inly		7 7
(a) Reside	ence: No.	*		St., Ward.	at nt occupation	32
PERSO	NAL AND STATIST	(Usual place of		MEDICAL CE	If nonresident give city or town and Si	ate
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRI		21. DATE OF DEATH_	KTIFICATE OF BEATH	
1 Fi	e	-OR DIVORCED	(write the word)	2. DATE OF BEATH 7	(Month) (Day)	193 (Yaar)
a. If married, wide HUSBAND of	owed, or divorcad		3137	22. I HEREBYA	CERTIFY. That I attended de	reasond fro
(or) WIFE of			,. [8]	- 11/	office many	10
DATE OF RIPTH	H (month, day, and year)	now 190	41932	I last saw h alive on 6	thudover.	death is sal
	ears Months	Days	If LESS than	to have occurred on the date stated		
/		12	1 day, U hrs.	The PRINCIPAL CAUSE OF DEATH	and ralatad causas of importance	
8. Trade, prof	fassion, or particular		orOmin.	ware as follows while	be called a Ball	Date of ohm
kind of	work done, as SPINNER, ER, BOOKKEEPER, etc	Zun		still for	71	
Industry or	business in which		- 39	21		
kind of SAWYE SAWYE Work w SAW M SAW M 10. Date deceating on the same same same same same same same sam	vas done, as SILK MILL, IILL, BANK, etc					
	ased last worked at cupation (month and	11. Total tim spant occup	e (yaars) in this ation			
	1.0	1	3i	Other Contributory Causes of import	lance: IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	(mi
2. BIRTHPLACE (State or co		The Transfer		1080h		40 30 -5 -
	TADOLATAD.	-110	0 . 18"			
	wrecigo	ya cen	y	251 662 102 16 6		
14. BIRTHPLAC	CE (city or town)				Date of	
(State)	1 1	00	0117	What test confirmed diagnosis?	Was there an aul	opsy?
15. MAIDEN N	TAME Cappely	le Eliga	uf was		es (VIOLENCE) fill in also the following:	1000
16. BIRTHPLAC	CE (city er town)	alnots			Date of Injury	, 19
- (State	or country)	000	0	Where did injury occur?	(Specify city or town, county and Stata)	
7. INFORMANT (Address)	sellma	wyd a	nly	Specify whether injory occurred in	INDUSTRY, IN HOME, or In PUBLIC PLAC	
-	ATION, OR REMOVAL	_		Manner of injury		
Place	uzion	Date Now	17 ,19.3.3	Nature of Injury		
19. UNDERTAKER	a Flen	ly		24. Was diseasa er Injury in any way	y raiatad to occupation of deceased?	
(Addrass)	12	1	0 11 11	If so, specify	ut :X	
20. FILED No	4//,1932	more	e Helto	(Signed)		M.
	- 2	www	Registrar.	(Address)	The way	M

CTATE OF MADY AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Combral homographes	1921	Run over by street car	1 week ago	
Cereorae nemarrage	July 5,1927	Peritonitis	3 days ago	
BUSSET V.D.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, didress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	i	Example II	
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Arteriosclerosis EIVEDI	1915	Attack of epilepsy	1 week ago
Chronie interstitial, nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 3 1002	July 5,1927	Peritonitis	3 days ago
SURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
THE TAXABLE PARTY AND THE PARTY.	DETTOIL	TOIL	T. O TO Y YELLIE	DATEMENTARY	33 4	TITIOIOTATA

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate.

N. B.

STATE OF MARTLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	3 /4/42
County Moulgoney.	Registration Dist. No.
Village or City Cuffry Clubic Md	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 3 yrs 3 m	10sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME JULIA B SAMPSON	
(a) Residence: No. 4602 Chevy Chase Bl	
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) William Arried, Widowed.	21. DATE OF DEATH You will a 29 193 2 (Month) (Dey) (Year)
ia. If macried, widowad, or divorced	(100)
wife Mason & Sampson	22. I HEREBY CERTIFY, Thet I attended decessed from
DATE OF BIRTH (month, day, end year) Can 18 1843	
AGE Years Months Days If LESS than	to have occurred on the data stated above, at 1:20 P.m.
89 10 15 Iday,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of onset Date of onset Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	(2) Hubertension See to (8)
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	3
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc 1. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (months and	
this occupation (month and spent in this occupation occupation occupation	
8 1 20 1.00	Other Contributory Causes of importance:
(State or country) Ban and in the Rea New Yor	1 (3) Miabetes mellitis mild
	Δ
13. NAME Hum Bealch 14. BIRTHPLACE (city or town) England	
14. BIRTHPLACE (city or town) Luglone (State or country)	Nema of oparetion Date of What test confirmed diagnosis? Churical 4 Solvent actions an autopsy? No
15. MAIDEN NAME and Welfore	
16. BIRTHPLACE (city or town) New York State	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) New York State (State or country)	Where did injury occur?
7. INFORMANT Col Clear & Sampson	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 4/602 Chevy Chaso Police	The same of the
8. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Nashington, J. C. Date 11/29,193	Nature of injury
9. UNDERTAKER MONTHS IS: Sables (Addrass) 9 78 - M St. M. St.	24. Was disease or injury in eny way related to occupation of dacaased?
20. FILED nor 29, 19 32 Deng O Perry	(Addrass) Seneral Desheus an us A
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor- state UPA-	The control of the co	CERTIFICATE OF DEATH		
P	1. PLACE OF DEATH	(93-c)		
should of OCC	County Montg Co	Registration Dist. No. 219		
sho of O	Village or City Gaithersburg Md	No. St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)		
× 00 ×		sds. How long in U.S. if of foreign birth?yrsmosds.		
3D. Every YSICIANS statement	2. FULL NAME Sarah Lou Saunders			
· = = /	(a) Residence: No. Gaithersburg	St., Ward.		
	(Usual place of abode)	If nonresident give city or town and State		
RECORD Exact sta	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
F 2 .	Female White Single	(Month) (Year)		
NDIN RMANENT X A C T L classified.	5e. If merried, widowed, or divorced HUSBAND of			
BINDIN EXAC FXAC y classifi	(or) WIFE of	22. I HEREBY CERTIFY, That I evended deceased from		
	6. DATE OF BIRTH (month, dey, and year) April T4 T848	I last saw h_ We sive on 11000 1000 1000 1000 1000 1000 1000		
R]	7. AGE Yeers Months Deys If LESS then	to heve occurred on the date steted above, at		
FOR B IS A PE stated E properly certificate	1848 84 7 16 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence were as follows:		
- 00 -	8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	I forced horsealers		
VE TH d b		18 6 1000		
VK—T should it may n back	work wes done, es SILK MILL, SAW MILL, BANK, etc			
S T G T O	1 - 1/ Sheur in fung	propost 19		
RES	Virginia	Other Contributory Causes of importance:		
NEGIN RI NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Louden Co			
MARGIN UNFADI supplied. n terms, see instruct	13. NAME DI 13. Same			
7 5 5 5 7	13. NAME Phillip Saunders 14. BIRTHPLACE (city or town)	Neme of operation		
= = 70	(State of country)	Whet test confirmed diegnosis? Wes there en eutopsy?		
Y, WITH carefully 'H in pla	15. MAIDEN NAME Amenda Bealle	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:		
INLY, We be careful EATH in important	15. MAIDEN NAME Amenda Bealle 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?		
INC be EAT imp	(State of County)	Where did injury occur? (Specify city or town, county and State)		
ADDA	17. INFORMANT Home Of Aged, H. N. Wilson (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
40	(Address) Gaithersburg Md 18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury		
SE SE	Place Hamilton Ala Dete 200 32	Nature of injury		
WRITH mation S CAUSE TION is	19. UNDERTAKER & Language	24. Was disease or injury in ery way repred to occupation of receased?		
No.	(Address) O Saithurby (and	If so, specify (5) W Jackey		
8. H	20. FILED & Collyson sped a let	(Signed)		
> 4	Registrar.	(Address) following		
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	13	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 570 6 1832	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

for-tate PA-MARGIN RESERVED FOR BINDING

tem of in	shoulds	DOCCU		
N. BWKITE FLAINLY, WITH UNFABING INK-THIS IS A PERMANENT RECORD, Every item of in	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUI		
KECO	Y. PH	Exact		
CMANEN	XACTL	classified.		
IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.	
LIHIS	ad bluc	nay be	ack of	
IG INK	AGE sho	that it r	ons on b	
NEADIL	plied.	erms, so	instructi	
O HILL	ully sur	plain to	it. See	
INLY,	be caref	EATH in	importan	
IE FLA	plnous 1	E OF D	is very	
S. P.W.R.I.	mation	CAUS	TION	
, E				
~				

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82:0)
County Montgomery	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cara Scott	
(a) Residence: No. Sandy Harman Music of abyte)	## St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE A. A. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 17 193 2 (Month) (Day) (Year)
5a. If married, widowad, or divorced	
(01) WIFE of Richard B. Scott	22. I HEREBY CERTIFY, That I attended deceased from NOT 12, 1932, to Not 18, 1932
6. DATE OF BIRTH (month, day, and year) Jan. 29, 1890	I last saw h 1 alive on 12, 1932; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at 12, 40 m.
4 7 1 8 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Oate of onset
8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. House keepe	
9. Industry or business in which	Cerebral Hemmonkag 11.16.32
work was done, as SILK MILL, Quen Home	
10. Date decaased last worked at this occupation (month and //, /6, 32 spent in this occupation	
aleulus vio	Other Contributory Causes of Importance:
12, BIRTHPLACE (city or town) (State or country)	Hykerlandina 1028
13. NAME Matt Hamson &	1.12.0
13. NAME Matt Hammond 14. BIRTHPLACE (city or town)	Name of operation Venesection Oete of 11.16:32
(State or country) was a country	What test confirmed diagnosis? Clinical Was there an autopsy?
15. MAIOEN NAME () A A MAIOEN NAME	23. If death was the to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME (A A A A A A A A A A A A A A A A A A	Accident, suicide, or nomicide?
(State or country) Chin Chundles	Where did injury occur?
17. INFORMANT Richard Son the Annual Manager of Change and Change and Change and	(Specify arty or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place De Anny Oate of 20, 1922	Nature of injury
19. UNDERTAKER LESTO Je La Monden	24. Was disease or injury In any way related to occupation of deceased?
7 100 1101	If so, specify Whater Jewell M. D.
20. FILED NOV 19., 1932 A Barnelly Registrar.	(Address) Silver Springs, mel.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1 2 2

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Now long in U.S. if of foreign birth? yrs. mos. ds. Length of residence in ci statement PHYSICIAN RECORD. (a) Residence: No. St., Ward. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) ma classified. 5a. If married, widowed, or divorced-HUSBAND of BINDI (or) WIFE of 6. DATE OF BIRTH (month, day, and year). properly 7. AGE Months Years FOR 1 day, 15 ... hrs. or min. 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER, MARGIN RESERVED of SAWYER, BOOKKEEPER, atc. may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total tima (years) this occupation (month and spent in this that accupation. Other Contributory Canses of Importance 12_BIRTHPLACE (city or town) (State or country) supplied. terms, 14. BIRTHPLACE (city or town (State or country) be carefully d important OF DEATH 16. BIRTHPLACE (city or town) PLAINLY (State or country Where did Injury occur? plnods 17. INFORMANT (Address) 18. BURIAL, CREMATION, Manner of injury -WRITE CAUSE mation Natura of injury LION 19. UNDERTAKER (Address) If so, specify (Signed) ż 20. FILED ... Registrar. (Address)

If nonresident give city or town and State

1. DATE OF DEATH	11-	7-	ゴ
	(Month)	(Day)	(Yaar)
1 HEREBY	CERTIF	Y. That I attend	ed deceased from
I last saw h alive on to have occurred on the data stated			death is said
The PRINCIPAL CAUSE OF DEAT were as follows:	H and related car		- Date of onset
anlinia			1017

Name of operation	Date of
What test confirmed diagnosis?	Was there an autopsy?

23. If death wes dua to axternal causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?_____ Date of injury_____ (Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balymore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	D	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	ephritis DEC 3 1989	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.S.	July 5,1927	Peritonilis	3 days ago
	(
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroentcritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N
TENDETTOTICE	NA JAVIJ	TOTA	T CIVILIII	MATERIAL TO	27 7	T TE A DECEM	

T RECORD. Every item of inforshould state Exact statement of OCCUPA-PHYSICIANS stated EXACTLY. properly classified. TH UNFADING INK-THIS IS A PERMAN MARGIN RESERVED FOR BINDIN See instructions on back of certificate. be AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. B-WRITE PLAINLY,

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107-
County Monlyomery	Registration Dist. No. 2 //
Village or City M Dargascus	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	des How long in U.S. if of foreign birth?
2. FULL NAME MAN Reveren Sh	pieg
(a) Residence: No. Danabul Mg. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 20 30 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Aune 9, 1931	I last saw her alive on Nov. 30 1932 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7 15 Q m.
1 3 2 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, protession, or particular kind of work done, as SPINNER,	Dato ologot J day
SAWYER, BOURKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Ju. Damseul	Other Contributory Causes of importance:
(State or country)	
13. NAME Frank & Shipley 14. BIRTHPLACE (city or town) 122. Crowning ville	
	Name of operation Date of
(State or country)	What test confirmed diagnosis? North Was there an aulopsy? HQ
15. MAIDEN NAME To elen M. Hollon	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) M. Same	Accident, suicide, or homicide?
17. INFORMANT Agank H. Shifley (Address) D. Germant Lord med.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Tamaseus Cam. Dat Date 1, 1932	Manner of injury
19. UNDERTAKER J. B. Beall Inc.	24. Was disease or injury in any way related to occupation of deceased? RS If so, specify
20. FILED DOW 30, 1932 Della W. Burdette Def Registrar.	(Signed) Lesige M. Boyer M. D. (Address) Dames La M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. TH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDIN WRITE PLAINLY, V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12147
1. PLACE OF DEATH	(223
County Montgomery	Registration Dist. No.
Village or City Tak James Wark, Mill	death occurred in a hospital or institution pive its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clara Moedel-Sp	ringirth
(a) Residence: No. Dufaut Que. Ken (Usual place of about)	is Sting to Ward. Mod. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Se. If merried, widowed, or divorced	21. DATE OF DEATH (Month) (Dey) (Year)
HUSBAND of	22. I HEREBY CERTIFY, Thet I attended deceesed from
(or) WIRE OF Reiny Springirth.	Nov. 10 ,1932, to Wov, 15, 1935
6. DATE OF BIRTH (month, day, and year) June 21, 1876	I lest sew h_LA_ elive on \(\lambda OT \) \(\lambda \) 15 \(\lambda \), 19 \(\frac{25}{25} \) \(\tag{death is seid} \)
7. AGE Yeers Months Deys If LESS then 1 day,hrs.	to heve occurred on the dete steted above, at
62 4 24 ormin.	were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	with appliances 10, 1933
9. Industry or business in which	Seritaritis
SAW MILL, BANK, etc.	The state of the s
10. Date decessed lest worked at this occupation (mogth and yeer) 10. 10. 10. 19.3.2 11. Total time (years) spent in this discoccupation 45.45.	Other Contributery Causes of importance:
12. BIRTHPLACE (city or town) Washing tom D.C. (Stete or country)	Other Continuery Canes of Importance.
13. NAME Otto maedel.	
14. BIRTHPLACE (city or town) Germany (Stete or country)	Name of operation. Applied Letoning. Date of 11/12/32 What test confirmed diagnosis? Westhere an autopsy? U.Q.
15. MAIDEN NAME Eliza Leypaldt	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Washington DC	Accident, suicide, or homicide? Dete of injury, 19
X (State or country)	Where did injury occur?
17. INFORMANT Sau Cearda. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Prospect Hill Dle Date Mod. 18 ,1932	Nature of injury
19. UNDERTAKER Warner & Tumphrey (Address) Rock vibbe	24. Was diseese or injury in any way releted to occupation of deceased?
20. FILED LLOW 1. 1.7 , 195. 2 J-5 . Landley Congressivar.	(Signed) Ratharine a Chapman M.D. (Address) 20 W. Balto, St. Kansington
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		E	xample II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of of importance were as for	death and related causes	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	SECT & NAC	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	0001 0	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	in the state of the state of the	3 days ago
				par tr
Other contributory causes of importance:		Other contributory cause	es of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

should state Stated EXACTLY, PHYSICIAMS stated EXACTLY. Exact statement of OCCUPA-A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN See instructions on back of certificate. WITH UNFADING INK-THIS AGE should be mation should be carefully supplied. TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	4.63
1. PLACE OF DEATH	121	48
County Montgomery	Registration Dist. No. 213	
(16	t new t Lodge San, tarion St., death occurred in a horpital or institution, give its NAME instead of street and numb	Ward
Length of residence in city or town where death occurredyrs gmos	5 ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME George Stoll		
(a) Residence: No. 4322 152 87. (Usual place of abode)	St., Ward. Was hing ton D. (If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE North of the word	21. DATE OF DEATH OF (Month) (Day)	22 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Rich	22. I HEREBY CERTIFY, That I attended december 1932, to Nov. 5	ased from
6. DATE OF BIRTH (month, day, and year) Aug 30 1865	liast saw h. / m alive on Nor 4 1932; de	ath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:30 RM	
67 2 6 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	te of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Preumonia (Lobar) 11	-3-32
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, Ne ros paper SAW MILL, BANK, etc. 10. Data deceased last worked at March 11. Total time (years) this occupation (month and		
10. Data deceased last worked at March 11. Total time (years) spent in this occupation war) 10. Data deceased last worked at March 11. Total time (years) spent in this occupation 38		
12. BIRTHPLACE (city or town) Petersburg, Va (State or country)	Other Contributory Causes of importance: Arteriosclerosis (Cerebral) Mitral Tregurgitation	7
13. NAME Berry A. Stoll	Myocardial Degeneration 2	years
14. BIRTHPLACE (city or town)	Name of operation Date of	-
(State or country) Germany	What test confirmed diagnosis? Was there an autop	sy?
15. MAIDEN NAME Cima Wright	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Wina Wright 16. BIRTHPLACE (city er town) (State or country) (State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT 26 arren 23. Stolt (Address) 4322-1526 St.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL DELY Date DOD 7 1932	Manner of injury	
19. UNDERTAKER WM, Gentry Funching, (Address) To Chvelle Mill	24. Was disease or injury In any way related to occupation of deceased?	۵.0
20. FILED 11/6 , 1932 Mus. W. J. Pialt Registrar.	(Signed) Dester M. Bulle (Address) Dathwill Mich	D.

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To be complete, an occupation return must state:

77/20

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
E & DYESTON			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
HIGHISOS	231		
as the state of th			

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
	THE THE	11			

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	60	15	A	O	
- 4	6		4	J	

1. PLACE OF DEATH	(me)
County Muntgonnery	Registration Dist. No. 216
Village or City Triendship Height	No. St., Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds.
0. 0 00.	100 on one of the control of the con
2. FULL NAME Samon 5. Aullwan	
(a) Residence: No. 230 Woolen (we -	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Mule Mule Mule Mule Mule Maried	21. DATE OF DEATH Mov. 15 , 193? (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Mary Sullivan	1929 - 19 to 1/-14-32 19
6. DATE OF BIRTH (month, day, and year) Capril 9, 1865	I last saw harman alive on 1/-/3-32 ,19 ; death is seld
7. AGE Yeers Months Days If LESS then	to have occurred on the date stated above, at 5:45m.
67 - / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Il forforded duopened 11-14-32
9. Industry or business in which	builmed cavity Duncoke.
work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date decessed lest worked at 1-14.31 11. Total time (yeers) this occupation (month and 11-14.31 spent in this occupation	
12, BIRTHPLACE (city of town) blulrea	Other Contributory Causes of importance:
(State or country)	Thee was furtion
13. NAME John Sullivan	The second of th
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of Country)	What test confirmed diagnosis? Was there an autopsy? #62
15. MAIDEN NAME many Mayure	23. If death wes due to external causes (VIOL ENCE) full in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
-1 (State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mary Sullivan (Address) 2300 Worter Care Care Care	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Huly Reved bern Week D. Date Never . 18 , 1932.	Neture of injury
19. UNDERTAKER Ashings T. Clemente Jons	24. Was disease or injury in eny wey related to occupation of deceased? NO
(Address) 1241 Wesconsin Cure Washington D. C.	If so, specify
20 FILED now 17 h 1932 Boni C. Perry on 2	(Signed) Mouldly M.D.
Registrar.	(Address) 1726 M. W. D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Dr. Woulden 726 un

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1937	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
160			

MARGIN RESERVED FOR BINDIN

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di	55	4	U	O

1. PLACE OF DEAT	TH a ' a			92-0
County My	uty to	6	n. l	Registration Dist. No. 2/4
Village or City	O Jones	it gleu	Ma.	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in cit	y or town where d	eath occurred	yrsmos	sds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME	ee d	aylo	<i></i>	
(a) Residence: No. Y	ornest	gleme	md	St., Ward.
DEDCOMA		(Usual place of		If nonresident give city or town and State
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH
male c	olond	5. SINGLE, MARK OR DIVORCED	(write the word)	21. DATE OF DEATH // /4 , 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divor HUSBAND of (or) WIFE of	ced.	d	1	22. 1 HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH (month day	and ward		1.7.	1 hist saw h Lia alive on 11/12 , 1932; death is said
6. DATE OF BIRTH (month, day 7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at
43			1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or pa kind of work done, a SAWYER, BOOKKEE	S SPINNER.	. d. scape	gardner	Morlie Moufisering
kind of work done, a SAWYER, BOOKKEE	LK MILL.	0	1	
10. Oate deceased last work this occupation (mon year)		11. Totel tin	t in this	
12. BIRTHPLACE (city or town)		and occul	pation 191ac	Other Contributory Causes of importance:
(State or country)	Vicgi	mia,		delatation of heart
II 13. NAME	145	aylo		
13. NAME 74. 57 14. BIRTHPLACE (city or tow (Stete or country)	(n) Va	·J		Name of operation None Date of
15. MAIDEN NAME	anni	2 Fin	her	23. If death was due to external causes (VIOLENCE) fill in also the following: WO W
15. MÄIDEN NAME 16. BIRTHPLACE (city or tow (State or country)	n) Va			Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT(Address)			nother.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, SHEMATION, OR RE	MOVAL		/	Manner of injury
Place	V	Oate	, 19	Nature of injury
19. UNDERTAKER J. J. O. (Address)	uas J	ragie	L W	24. Wes disease or injury in any way related to occupation of deceesed? 10011
20. FILEO	32 5	E. Went	Registrar.	(Signed) In allwood acfords M.O. (Address) 53 M. O.
	**			,

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arterioselerosis 1915 1 week ago Chronie interstitiol nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 cek ugo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1

ż

1. PLACE OF DEATH County. Willage or City. Village or City. Length of residence in city or town where death occurred. Length of residence in city or town	
Village or City Sulfy Managery (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred	1
Length of residence in city or town where death occurred yes allowed and survey of the course of in a hopital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yes allowed. Length of residence in city or town where death occurred yes allowed. Length of residence in city or town where death occurred yes allowed. Length of residence in city or town where death occurred yes allowed. Length of residence in city or town where death occurred yes allowed. Length of residence in city or town where death occurred yes allowed. Length of residence in city or town where death occurred yes allowed. Length of residence in city or town where death occurred yes allowed. Length of residence in city or town and State of importance with a state of above in the part of the part o	
Length of residence in city or town where death occurred yes yes yes and show long in U.S. if of foreign birth? yes mos. 2. FULL NAME (a) Residence: No. 8// SPAFE (b) Length of residence in city or town where death occurred yes	Ward
2. FULL NAME (a) Residence: No. (b) St, Ward. (c) Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (b) SINGLE, MARRIED, WIDOWED, OR DIVORCED (winter the word) Married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than If day, hrs. or min. 8. Trade, profession, or particular kind of work dane, as SPINNER, SOMKEEPER, etc. SAWTHLE, BANK, etc. Industry or business in which work was done, as SPINNER, SAWTHLE, BANK, etc. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. Other Contributary Canses of Importance: Other Contributary Canses of Importance:	de
(a) Residence: No. S. J.	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE Married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, inhrs. or inhrs. or inhrs. or inhrs. or inhrs. Wind of work done, as SPINNER, SAW MILL, BANK, etc. 8. Trade, profession or particular kind of work done, as SPINNER, SAW MILL, BANK, etc. 10. Date of deceased last worked at this occupation (month, and year) 10. Date deceased last worked at this occupation (month, and year) 12. BIRTHPLACE (city or town) MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) 11. Total time (years) spent in this occupation (month, and year) Other Coatributary Canses of Importance: Other Coatributary Canses of Importance:	
3. SEX 4. COLOR OR RACE Married, widowed, or divorced HUSBAND of (or) WIFE of Annix Broomhead Rey 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 1 If LESS than 1 day, hrs. or min. 8. Trade, profession or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at this occupation (month, and year) 10. Date deceased last worked at this occupation (month, and year) 10. Date deceased last worked at this occupation (month, and year) 12. BIRTHPLACE (city or town) Mashungton, 206 12. DATE OF DEATH (Month) (Day) (Month) (Day) (Yea (Month) (Day) (Yea (Yea (Month) (Day) (Yea (Annix (Month) (Month) (Day) (Yea (Annix (Month) (Month) (Month) (Day) (Yea (Annix (Month) (Month) (Month) (Day) (Yea (Annix (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Pay) (Yea (Annix (Month) (Mont	
OR DIVORCED (write the word) Married, widowed, or divorced HUSBAND of (or) WIFE of Annix Broomhead Bey	
HUSBAND of (or) WIFE of Annix Brownhead Bey (or) WIFE of BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 8. Trade, profession or particular kind of work done, as SPINNER. SawYEE, BookKEEPER, etc. Planting Wife Work Hone, as SPINNER. SawYEE, BookKEEPER, etc. Planting Wife Work work was done, as SILK MILL, Brownhead Bey (or) WIFE of Annix Brownhead Bey (or) WIFE of BIRTHPLACE (city or town) 10. Date deceased last worked at this occupation (month, and year) 11. Total time (years) spent in this occupation (month, and year) Other Contributory Canases of Importance: 12. BIRTHPLACE (city or town) Mashungfon, 2019 Other Contributory Canases of Importance:	r)
7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month, and year) Spent in this occupation (month, and year) 3. Dashung for, 26. 12. BIRTHPLACE (city or town) Mashung for, 26.	
7. AGE Years Months Bays If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work 4 done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month, and year) 10. Date deceased last worked at this occupation (month, and year) 12. BIRTHPLACE (city or town) Mashing for, 26. 14. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 15. Trade, profession, or particular and related causes of importance were as follows: 16. Date of Last and the date stated above, at 9:20 fm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Other Contributory Causes of Importance:	s said
8. Trade, profession or particular kind of work done, as SPINNER. SAWYER, BOOKKEPER, etc. Industity or business in which work was done, as SILK MILL, Sawilders 10. Date deceased last worked at this occupation (month, and year) 12. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town) 13. Trade, profession or main. Were as follows: Carrumoma of prostacts C	
8. Trade, profession or particular kind of work done, as SPINNER. SAWYER, BOOKKEPER, etc. Industity or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month, and year) 12. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town) Mashington, 26. Carunoma of brostals (spin) Carunoma of bro	pnset
year) April 32 occupation 4 Other Contributary Canses of Importance: 12. BIRTHPLACE (city or town) Mashington, 26	il.
12. BIRTHPLACE (city or town) Mashington, Den Other Contributory Canada of Importance:	
13. NAME Thompson James Orsell	
13. NAME Mompson games orsept 14. BIRTHPLACE (city or town) Washington, O.C., Name of operation. Date of	
(State or country) What test confirmed diagnosis? Lyannaka Was there an autopsy?	22
MAIDEN NAME MAIDEN NAME 16. BIRTHPLACE (city or town) Ortland Accident, suicide, or homicide? Ostate or country Date of injury Ostate or country	
Where did injury occur? 17. INFORMANT (Address) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, OREMATION, OR REMOVAL. Manner of injury	
Place Vint Quiet One Date Nov. 22, 1932 Nature of injury	
19. UNDERTAKER Lucionax & Quantum Quantum 24. Was disease or injury in any way related to occupation of deceased? 226. [If so, specify	
20. FILED War 20, 193 2 7 5 Wordland Registrar. (Address) Selection Spring, Manual Manual Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

ig death

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cau of importance were as follows:	Ses Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	,	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	Example II	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	S Date of onset		
Arteriosclerosis	1915	Attack of epitepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis (S.O. 1, O.C.)	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

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	ite of								
	Every SIANS ement		Le	ngth of resid	ence in cit	y or town where	0	occurred	yrs,_
	CIA	2	. FU	LL NAN	/E	Ness	101	auch	2
	RECORD. Every PHYSICIAN Exact statement	207.00	(a) Residenc	e: No	820	she	CUsual place of	f abode)
	RECC PP Exact			ERSON		D STATIST	-		
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rha	Z J H	-4	Ten	rale	Wt	ute		Sing	le
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FOR	IS A I stated properlifications			7	0	6		12	I day,
F)	IS sta pro cert		8. T	rade, profes	sion, or pa	rticular			or
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STATE OF MARYLAND—	CERTIFICATE OF DEATH	153
1. PLACE OF DEATH	108)	100
County Monlgomery Village or City Takona Park	No. Washington Sanitarium and St. Jaspe	Ward
	death occurred in a horollal or institution, give its NAME instead of street and number 2 ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Miss Blanche R. Va	in De Vouder	
(a) Residence: No. 8 20 Sheredan (Usual place of abode)	St., Ward. Washington D.C. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH November 20, 193 (Month) (Day)	32/ (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decea	asad from
6. DATE OF BIRTH (month, day, and year) Wes. 28-1862	I last saw h ev alive on Nov. 20 ,1982; dec	ath is seid
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at	te of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc yovernment worker 9. Industry or business in which	Q	04 18,
work was dona, as SILK MILL, SAW MILL, BANK, etc	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town) electrical of Columbia (State or country)		
13. NAME Cornelius mans Van de Vanter		
13. NAME Correlius Mans Van de Vanter 14. BIRTHPLACE (city or town) St. Laris Missouris (Stete or country)	Name of operation	Lo.
15. MAIDEN NAME Sarah Lumplain	23. If death wes due to external causes (VIOLENCE) fill in elso the following:	3,111,111
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury Whera did injury occur?	, 19
17. INFORMANT Washington Similar Accord (Address) Jakond Park	(Specify city or town, county and State) Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Wash. D. Oate Nos. 2/., 1932.	Manner of injury	
19. UNDERTAKER Jaser Jaser Wage Wage	24. Wes disease or injury in any yeary releted to occupation of deceased?	-0
20. FILEO MOS & 1, 19 3 2 No C. Roylerar.	(Address) Jakama Park m	J. D.
If more blanks are needed address State Penistran	24 v. N. Charles Street Relaimore Pequestron TI S No v	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsu 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MANGIN RESERVED FOR BIND	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, Every item of information should be carefully sumplied. ACF change be catefully b	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
MAR	. B.—WRITE PLAINLY, WITH UNF	CAUSE OF DEATH in plain term	TION is very important. See ins

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	12154	
County Manlgomery	Registration Dist. No. 2/3	
Village or City Kodfwelle Mill	death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Undrew J. Mar	field	
(a) Residence: No. Tothwell Mul	St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Mule Colored OR DIVORCED (wife the word)	4/- 20 (Month) (Day) (Yea	r)
5a. If married, widowed, or divorced HUSBAND of Mary Ellen Warfuld	22. HEREBY CERTIFY, That I attended deceased	
1871	100. 12, 1952, 10 Hov. 16, 19.	
6. DATE OF BIRTH (month, day and year) 7. AGE Years Months Days If LESS than	i last saw harmalive on 1200 Sto 19.3 2 death is	s seid
6/ 7 7 1 day,hrs.	to have occurred on the date stated above, at the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
9 Trade profession or martinular	Data of	anset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lobar foremones How	17/
Mindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (mapth and year) 11. Total time (years) spent in this occupation coupation.		
12. BIRTHPLACE (city or town) Eman Grove	Other Contributary Causes of Importance:	1
(State or country)	Mone	
13. NAME Richard Harfield 14. BIRTHPLACE (city or town) Pranciland		
14. BIRTHPLACE (city or town) Maxiland	Name of operation	
(State or country)	What test confirmed diagnosis they was there an autopsyl	100
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) Thank land	23. If death was due to external causes (VIQLENCE) fill in also the following:	100
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19	
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT May West Parfell	Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OB REMOVAL	Manner of injury	
Place 11 11 11 11 11 11 11 11 11 11 11 11 11	Nature of injury	
19. UNDERTAKER DESCRIE N. Anguden	24. Was disease or injury in any way related to occupation of deceased?	
11/24 200 70 117	If so, specify (Signed)	
20. FILED 1728 , 1932 Mrs. Vr. 7 - Create Registrar.	(Address) Dochwelle Ind	M. D.
	and the state of t	

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Example 1	Example II			
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of importance were Attack of epilepsy	of death and related causes as follows:	Date of onset
Chronie interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	600L 6 JEU	3 days ago
	1		OGATEBER	
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year
	-			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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4 4

V. S. No.

1	STATE OF MARYLAND	CERTIFICATE OF DEATH 12155
1	. PLACE OF DEATH	
	County marlgoniecy	Registration Dist. No. 216
		32 1.5.11
	Village or City Collevy Collect (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2	. FULL NAME John Erskine	Debster
	(a) Residence: No. 30 U. Usual place of abode)	St., Ward. If unnresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	Nale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (perite the word)	21. DATE OF DEATH November 23 (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of Cornelia J. Webster	22. I HEREBY CERTIFY, That I attended decessed from Jan. 27-1932, 19 , to Mountain 1819.32
6.	DATE OF BIRTH (month, day, and year) June 16 1849	last saw ham alive on hav. 25 19.32, death is said
-	AGE Years Months Days If LESS than	to have occurred on the date stated above, et
	8°3 5 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
NO	8. Trade, profession, or particular kind of work done, as SPINNER, Cultured SAWYER, BODKKEEPER, etc.	Cardiae failure. Date of onest
OCCUPATION	Industry or business in which work was done, as SILK MILL, France SAW MILL, BANK, etc.	
000	10. Date deceased lest worked at this occupation (month end year) this occupation	4
12.	BIRTHPLACE (city or town) Fiteland (State or country)	Other Contributory Causes of importance: - Chronic Thy o Cardific 10 200
ER	13. NAMES amuel B. Websler	
FATHER	14. BIRTHPLACE (city or town) (State or county)	Name of operation hove Date of What test confirmed diagnosis? Raufus Was there an autopsy? ho
ER	15. MAIDEN NAME OPHICALO, Q. Fotle	23. If death wes due to externel ceuses (VIOL ENCE) fill in also the following:
MOTHER	AC PURTURE OF A 1	Accident, suicide, or homicide?
₩	16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17.	INFORMANT NOS Den TWebslie	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	BURIAL, CREMATION, OR REMOVAL	/
100	Place Cashingly & Date Nr 25V, 193"	Manner of injury
	1 7 00 1	Nature of injury
19.	UNDERTAKER War blancher 16 Wash A	24. Was disease or injury in any way releted to occupation of deceased?

Registrar.

so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epileps	1 weck ago
Chronic interstitial nephritis	1921	Run over by street cor	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis P	3 days ago
		1932 J	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	92.0
County Marc Formery	Registration Dist. No. 2/2
Village or City Tooksoelle	Np. St, Ward
15	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 4.2yrs,m	osds. How long In U.S. If of foreign birth?mos ds.
2. FULL NAME Better Noo Now	And the course of the course o
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temale White Midow (write the word)	Month (Day) (Year)
5a. 14 married, widowed, or diverced HUSBAND of	22. C HERE/BY CERTIFY. That attended deceased from
(or) WIFE of Edward Woothow	avg2 10 1932 10 Nov 20 1932
6. DATE OF BIRTH (month, day, and yeer) Laft 14 1844	Hast sowher alive on nov 19 19.3 % death is soid
7. AGE Yeers Months Days If LESS than	to have occurred on the date steted above, at 12, 20 Am.
98 2 5 1day,hr	S. The PRINCIPAL CAUSE OF DEATH and releted causes of importence
2 Trade erofession or certicular	were as follows: Date of onget \$ 12.13
SAWYER, BODKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end) 11. Total time (years), fine this occupation (month end)	after televises (can
9. Undustry or business In which	mitral frault 1.720
work was done, as SILK MILL, Jonge morke	Thea
year)	Dther Contributory, Causes of importance:
12. BIRTHPLACE (city or town) loves large and	Sanilify
(Stets or country)	-
13. NAME Smach Week	
13. NAME Cook Orecond	Name of operation Dete of
(State of County)	Whet test confirmed diegnosis? Clared Wes there an eutopsy? Ly
15. MAIDEN NAME Cathorine Thornton	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Cathorine Thornton 16. BIRTHPLACE (city or town) Virginia (State or country)	Accident, sulcide, or homicide?
∑ (State or country)	Where did injury occur?
17. INFORMANT Coloured Woothow	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) Deckerson most	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Bealtoulles Date Mov. d. 21, 1932	Nature of injury
19. UNDERTAKER Stilling and Strall	24. Wes diseese or injury in ony wey releted to occupation of deceased?
(Address) Poolescefte mg	If so, specify
20 FUED 20132 EW. While	(Signed) Ew White
Registrar.	(Address) - Roberto Wd

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